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## *AMERICAN BOARD OF COSMETIC SURGERY, INC.*

December 17, 2018

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Re: ABCS Response to Dr. Fleming's Fellowship Review

Dear Ms. Alameda:

This is a response to Dr. Fleming's analysis published December 14, 2018 in regard to the American Board of Cosmetic Surgery's petition for recognition in the state of California. The initial hearing to consider the application was completed on October 18, 2018, at which time the Board requested its Reviewer in this matter to provide additional information and commentary on specific questions relating to fellowship training of physicians seeking ABCS certification as Board Certified Cosmetic Surgeons. Members of the Board also directed specific questions to ABCS for follow-on response.

ABCS and the American Academy of Cosmetic Surgery (AACS) took the initiative to make all U.S. Cosmetic Surgery fellowship directors available for interview by the Board's reviewer in this matter, Dr. Neal Fleming, via e-mail communications that was submitted to his attention, with copies to Board staff on October 29, 2018, November 2, 2018 and November 7, 2018. Dr. Fleming failed to join on any of these calls. On November 7, 2018, we received an email responding to these communications to Dr. Fleming regarding supplemental information related to the American Board of Cosmetic Surgery's (ABCS) application for specialty board recognition in which we were advised that the board staff and Dr. Fleming were collaborating to finalize the additional information and documentation needed from ABCS to complete a final review and prepare a supplement report of his findings for the Board.

The ABCS received the Board's extensive written request for supplemental information on November 14, 2018, and completed and submitted its response via e-mail to that written request by the November 26, 2018 deadline, followed by hard copy delivery of the voluminous submission at the Board's request on November 28, 2018. In its response the ABCS provided Dr. Fleming a list of individuals that had completed a fellowship and had been boarded by the ABCS in the last twelve months. The time allotted for AACS was extremely limited, particularly due to the Thanksgiving holiday, a time many take for vacation with their families. During the entire time for review, the reviewer, Dr. Fleming, failed to contact any program director, visit any on-going program, or contact any present or past training fellow and neither the ABCS nor the

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AACS central office to ask any questions. According to this latest report, he did not see a need to do that. This attitude implies that this decision has been predetermined from his standpoint and from the dissenting members of the medical board.

Here are our responses to the comments made by the Reviewer:

**Concern #1:** *There are multiple residency pathways for ABCS Fellowship qualification. Some have been eliminated (Clinical Experience -2014, Dermatology – 2016). The magnitude of the impact of grandfathering physicians certified under these pathways is not clear.*

**Response:** Multiple residency pathways to one board certification certificate are quite common in the house of medicine and particularly under our competitor's, ABMS umbrella, as well as previously recognized by the Medical Board of California. In addition, many boards started their evolution by certifying physicians of various backgrounds through the experience route.

For example:

**The ABCS' competitor within the ABMS, the American Board of Plastic surgery** certifies candidates that have done a plastic surgery fellowship with primary residency from the following disciplines: general surgery, neurological surgery, oral and maxillofacial surgery, orthopedic surgery, otolaryngology, thoracic surgery, urology.

**The American Board of Pain Medicine** was deemed equivalent in 1996 by the Medical Board of California and certifies candidates from the primary residency of anesthesiology, neurological surgery, neurology, psychiatry, or physical medicine and rehabilitation.

**The American Board of Spine Surgery** was deemed equivalent by the MBC in 2002 and certifies surgeons from primary residency in orthopedic surgery, neurosurgery

**The American Board of Sleep Medicine (ABSM)**: was deemed equivalent by the MBC in 1998 and Certifies candidates from the following backgrounds: anesthesiology, family medicine, internal medicine, pediatrics, psychiatry and neurology, otolaryngology. In fact, during the time of review and approval by the Medical Board of California, the ABSM certified PhDs in addition to MDs and DOs and had two waivers for an experience route. Waiver #1 was based on clinical experience in 12 months either part time or full time. Waiver #2 was based on evidence of clinical practice for three years after completion of training. According to the reviewer report in the years immediately preceding the approval of ABSM these were the statistics:

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### SOURCES OF CANDIDATES FOR THE EXAMINATION:

	Fellowship Route	Experience by waivers	PhD
1995:	20.8%	69%	10%
1996:	16%	76.6%	7.4%

Dr. Fleming states, "It is a minority of the currently certified physicians who completed the training program currently being considered for equivalency." As demonstrated by the ABCS currently 37% of diplomates nationally are certified through the fellowship route which is a much higher number than what was reported by the ABSM at the time of application and subsequent approval in February of 1998. In fact, the ABSM continued to have the experience route through its waivers until 2011 some 13 years after recognition by the Medical Board of California. The American Board of Cosmetic Surgery has terminated its experience route as of 2014, prior to this petition. The American Board of Facial Plastic and Reconstructive Surgery which was approved in 1995 has continued to have an experience route to this day.

Dr. Fleming further states, "10% of currently certified physicians qualified through a residency no longer considered to be acceptable." Dr. Fleming is referring to the dermatologic residency background. The dermatologists boarded by the ABCS previously were given a "Dermatologic Cosmetic Surgery certificate" via the experience route, not the "General Cosmetic Surgery certificate". In such instances, the diplomate is required to advertise the specific area of certification as opposed to the general statement "Board Certified by the American Board of Cosmetic Surgery". The ABCS central office strictly enforces these rules. In 2013, the ABCS eliminated the stratified certificate as it was one of the criticisms received in previous applications and it moved to a single certificate in General Cosmetic Surgery. Upon further analysis it was evident that dermatologist have not applied to a general certificate since 2004 and it was decided to terminate that tract as there was no interest and it was too difficult to achieve.

**Concern #2:** In regards to Fellowship Training Guidelines was satisfied.

**Concern #3: Assessment:** *These arguments with respect to general surgical training and exposure seem reasonable, yet there remains a disconnect in that there is still a requirement for a doubling of the duration of the cosmetic surgical fellowship training time and case experience but there is no commensurate modification of the educational curriculum to address the deficiencies implied by the training modifications.*

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**Response:** Ophthalmology is indeed a surgical specialty as listed by the American College of Surgeons <https://www.facs.org/education/resources/medical-students/faq/specialties> and taught in residencies across the country. A surgeon from the Ophthalmology tract gets additional 4 years of surgical training related to the field of cosmetic surgery beyond their primary surgical residency. Two years in Ophthalmic Plastic and Reconstructive Surgery and two years of General Cosmetic Surgery fellowship. There is no disconnect in the requirement for doubling the duration of the cosmetic surgery fellowship and educational curriculum. To the contrary, based upon the recommendation of the Fellowship Ad Hoc committee the increased duration of fellowship increases the exposure of the fellows to additional cosmetic surgery cases as well as to educational curriculum provided by the Academy and the individual program directors and their faculty. By literally doubling the length of fellowship training required, the AACS has ensured that there is twice the amount of surgical exposure/experience, twice the amount of patient care/evaluation/follow-up, twice the amount of opportunity to read/engage in schedule monthly educational meetings/attend conferences and most importantly twice the invaluable one-on-one time with the fellowship director and faculty with whom daily interaction on patient evaluation, care, treatment plans, complication resolution in real time can not be surpassed. As evident in the report this tract is both demanding in its requirements for qualification and training and currently only 1% of the ABCS board-certified diplomates come from the Ophthalmology background.

**Concern #4:** *According to the Fellowship Training Guidelines, the Program Director must be certified by the ABCS have an academic appointment and be engaged in verifiable scholarly activities.*

*Assessment: No collated summary of recent scholarly activities was provided. The CVs provided were highly variable with respect to format and content. Academic appointments or affiliations were rarely included in the CVs provided and must be assumed not to exist. A review of the documents provided could be concisely summarized to say that as a whole, the fellowship training program directors are also not consistently engaged in verifiable scholarly activities.*

**Response:** Given the fact that the request for this information was submitted 5 business days prior to a major holiday weekend (Thanksgiving) with many of leadership taking time for family, and needed to be submitted by that Monday compared to similar processes in the ACGME programs that take 6 months to respond attests to the bias in this line of questioning and timeline. Under these circumstances to suggest that the lack of format symmetry of the submitted 26 physician CV's can only lead to the conclusion that academic appointments "must be assumed not to exist" demonstrates bias and a lack of driving true due diligence in his review. This egregious dereliction of responsibility to not ask for more information in the format of a collated summary, if

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that was what was required, or to even respond to the ABCS's numerous offers to provide any additional information would be comical, if it were not such a clear example of prejudice toward the ABCS Fellowship Directors and evidence of a predetermined opinion on this matter. Furthermore, how is "scholarly activity" being defined? Being involved in teaching? Research? Publication? In which journals? Abstracts or poster presentations? Lectures or attendance at conferences? Or just Academic appointments? If all of these activities are to be considered, the Directors and faculty members all are certainly involved in scholarly activities and will need more than the few days allotted to respond before they are summarily dismissed as "not consistently engaged". In the written submission of our presentation on October 18, 2018 we detailed a list of current diplomate's clinical teaching appointments at academic centers around the country. All documentation and response to this was previously provided and at his disposal.

**Concern #5:** *Similar expectations are required of the affiliated faculty with respect to academic appointments and scholarly activities.*

*Again, no collated summary of academic appointments or recent scholarly activities was provided. The CVs provided were again highly variable with respect to format and content. Academic appointments or affiliations were rarely included in the CVs provided and again must be assumed not to exist. A review of these documents as provided could again be concisely summarized to say that as a whole, the fellowship training program affiliated faculty are also not consistently engaged in verifiable scholarly activities.*

**Response:** Again given the timeline, the idea that non-uniformity of the submitted physician CV's demonstrates the "affiliated faculty are not consistently engaged in verifiable scholarly activity" is outrageous and demonstrates an unwillingness to gather information and get to the truth of the matter. Furthermore, The AACCS guidelines requires that only one member of the faculty have an "academic affiliation" not that all faculty do. The reviewer and the board had access to the list of academic appointments of ABCS diplomates across the country from the written submission on October 18, 2018.

**Concern #6:** *According to the Fellowship guidelines, the programs must ensure that sufficient academic support exists to enable the Fellow in training to meet all program requirements.*

*Assessment: This requirement was a component of the comments presented by the American Society of Plastic Surgeons at the initial review. The requirements as described in the guidelines are limited and not consistent with those of comparable ACGME accredited training programs. Furthermore, no documentation is provided to assure that*

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*even these most minimal of requirements are consistently provided by the training programs.*

**Response:** AACS guidelines for Program Accreditation and site visits ensure core curriculum and recommended reading lists are available to Fellows.

The reviewer states "no documentation is provided to assure... requirements are consistently provided" this assertion immediately follows a picture insert in the report titled "Facilities and Resources" documenting concisely that site reviews assesses:

- 1) That facilities are adequate to fulfilling needs of program
- 2) A library is available with standard texts and journals

If the reviewer had visited any program, talked to any program director or current/past Fellow, he could have witnessed and asked if the requirements are being met. Despite the fact that he had an open invitation to visit California based programs, was given multiple opportunities to talk to any program director in the country or any present or past fellow of his choice. The fact that those opportunities were provided to him and that he did not take advantage of them demonstrates no desire to obtain the truth and a predetermined bias towards the cosmetic surgery fellowship programs.

Additionally, to conclude that the AACS programs requirement are "not consistent with those of comparable ACGME accredited training programs" is flippant. Which ACGME programs ARE comparable? This comparative is one that is comparing apples to oranges.

Residencies are NOT the same as Fellowships. All you have to do is type in the survey the surgical specialty fellowships in the ACGME website. The list was provided to the board. Out of 94 current surgical specialty fellowships only 9 are accredited by ACGME. **That means 90% of recognized and needed surgical specialty fellowships are not ACGME accredited.**

Hospital based, Medicare funded, insurance covered surgical programs are NOT the same as elective Cosmetic Surgery training programs. **Cosmetic Surgery will never have an ACGME training program because of the structure of medicine. Nevertheless, it is a legitimate specialty with a growing and high consumer demand and interest, and the public deserves to know the truth about our Board Certification.**

We seek a right to commercial free speech within our Specialty along with recognition NOT cookie cutter sameness – there is no comparable program. **The reviewer should not be placing so much faith in the American Society of Plastic Surgeons (our competitor and only opponent's) view that he references in his assessment. We**

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sincerely hope that he has come to his own conclusion and has not been influenced by his fellow UC Davis colleagues that presented at the October hearing. Seeking guidance and acceptance from the ABCS competitor is no different from demanding that Chevrolet seek Ford's approval to sell their cars in California.

**Concern # 8:** *The Fellow-in-Training must perform clinical or basic research, and, as part of the program, and submit at least one clinical or basic research paper reflecting said research for publication to the American Journal of Cosmetic Surgery (AJCS) or another peer-reviewed Cosmetic / Plastic Surgery journal.*

*Assessment: The data provided was not clearly summarized or edited for redundancy. This program-training requirement is not consistently met by a majority of all fellows or all programs.*

**Response:** Again, due to shortness in allowed time for response and proximity to a major holiday weekend, the Academy central office submitted all data they had on this issue and the reviewer is wrong in his assumptions and conclusions. Although currently, there are 27 listed general cosmetic surgery fellowships, this number was lower in previous years and not all fellowship positions are filled in with fellow candidates every year. In fact, in 2016 there were only 14 active fellows, 2017 there were only 16 active fellows and in 2018 only 22 active fellows. The manuscripts and abstracts reflect accurately what was submitted to central office by graduating fellows. The fellows can also fulfill this requirement by having a presentation at the annual scientific cosmetic surgery symposium. In addition, the process of submission and acceptance of these articles can take some time due to the peer review process and turnover involved. The fellows have one year from completion of fellowship to complete this requirement or otherwise they do not qualify for a completion certificate from the Academy and therefore cannot be eligible to sit for the American Board of Cosmetic Surgery's board examination.

**Concern #9:** *The core curriculum for Fellowship Training Programs is incorporated into the Fellowship Handbook available through links on the AACS website.*

**Response:** The requested documentation was provided

**Concern #10:** *Each training program must have a formally structured curriculum containing including a summary of the overall educational goals, competency-based goals and a list of topics to be discussed in weekly seminars.*

*Assessment: Daily clinical discussions are distinctly different from a formally structured curriculum. There is no summary or educational goals or competency-based goals in the*

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*documentation provided. The documentation provided does not support the presence or use of a formally structured curriculum for each training program.*

**Response:** We have provided all the materials demonstrating that there is a formal fellowship curriculum, which is very comprehensive, a reading list, monthly mandatory core curriculum lectures, weekly topics of discussion and daily discussion of cases, techniques and possible complications with program director and/or faculty. In addition, the fellows have access to journals, textbooks, hospital libraries, and journal clubs. The educational goals are clearly delineated in the fellowship guidelines and the curriculum provided. In addition, the daily hands-on didactic teaching, which he dismisses as "different from a formally structured curriculum" are invaluable for the knowledge, experience and training of the fellows. The "formality" of the curriculum culminates in the comprehensive written and oral board exam.

**Concern #11:** *A monthly core curriculum review is mandatory for all fellows.*

*Request: Is attendance/participation tracked or documented?*

The reviewer states that Assessment: This monthly schedule appears to have been consistent over the past 3 years. The 3 sample presentations provided appear comprehensive. Attendance as documented is pretty good.

**Concern #12:** *Asks to explain how the systems used to assess competency and performance on the board exam insure that the fellow has mastered the core curriculum.*

The core curriculum in the Fellowship Handbook is a procedure-oriented outline that runs just over 100 pages. The core competencies of patient care, medical knowledge, practice-based learning and improvement, communication skills, professionalism and systems-based practice are clearly outlined in the Fellowship Training Guidelines.

*Request: Please explain the systems used to assure that the assessments of clinical case performance and the written/oral exam process adequately assures mastery of this core curriculum. In addition, how are the core competencies integrated in to the core curriculum and how are they specifically assessed for each Fellow?*

**Response:** The response cover letter provides an extensive description of the curriculum guidelines and their integration with each of the ACGME defined core competencies.

Assessment: The 6-month evaluations of the individual fellows are structured around the headings of *Intellectual*, *Technical* and *Personal*. Sub-sections for each of these can be related to core competencies and although they do not provide the overarching structure, they are largely covered in the arenas listed.

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This question basically says, how is it possible that everything you do can be believed? Absurd, however the reviewer says these criteria are largely met, and the 6-month reviews are adequate.

**Concern #13:** *How is the issue of sleep deprivation addressed? There is no documentation to support formal education on this topic.*

**Response:** The fellow is in daily contact with the fellowship director. This is not residency with multiple residents and varying schedules. The director knows the schedule of the fellow, as it is one and the same schedule as his. The director, being in daily contact with the fellow can discuss with and assess the degree of fatigue of the fellow.

**Concern # 14:** *Cosmetic surgery fellowship training falls under current ACGME 80 hour work week guidelines.*

We responded that the workweek schedule and the 80-hour maximum are discussed directly between the program director and fellow. Again, this is a one on one, or at most one director and 2 fellows situation. The reviewer states, "This would not meet expectations in an ACGME accredited training program." Again, we are not applying for ACGME accreditation and he is comparing apples and oranges.

**Concern #15:** *Training program assessments and monitoring are essential to assure continued quality and guide improvements.*

*Assessment: With only 1 or 2 fellows per program per year, anonymity in evaluations requires substantial involvement of third parties. Solicitation of evaluations from administrative offices is good, but review by the general fellowship committee that has 50% of its' membership as program directors does not provide sufficient reassurance to individuals providing feedback. No documentation is provided to allow assessment of the quality or quantity of the evaluations received.*

**Response:** The facility evaluations are emailed directly from central office to the training fellow. The fellow submits his/her evaluations to the central office directly and the fellowship review committee on a quarterly basis reviews these. If any conflicts arise, a member from fellowship review committee excuse themselves from discussion and voting in the matter.

This is the nature of all specialties. Ours is relatively small, however we do not have a fellowship director evaluating his or her own program. There is no conflict of interest, as we have a system that objectively assesses each program, both from above and below

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(the fellow's evaluation of the program). We have a standardized certified exam process that objectively evaluates each fellow's performance as well.

**Concern #15:** *Confirmation of many of these questions might be better obtained with contact with recent fellowship graduates rather than with program directors.*

We supplied him the list of 11 graduates from 2017. The reviewer states that after review of the materials he elected not to contact any of the fellow graduates provided on the list to him. We offered him however many group calls with all the fellowship directors. He chose not to attend any of them. He never attempted to contact any fellow or director, or to obtain any information other than what was submitted or what he found on various websites. This is unconscionable, and negligent. After stating in his initial review that it would be beneficial to talk to program directors and fellows, he then decides to do neither.

In conclusion, the reviewer's responsibility was to determine whether the ABCS diplomate has sufficient training in the specialty of cosmetic surgery and has demonstrated competence to the satisfaction of a genuine certifying agent to be able to advertise board certification. The purpose of the review was not to determine whether the AACS fellowships are equivalent to a plastic surgery residency or that they are ACGME equivalent. Nor is that even possible for no cosmetic surgery residency is in existence. Furthermore, equivalence in the context of the law and regulations is not to be defined as identical but equal in value.

Dr. Fleming referenced the application for recognition of the American Board of Sleep Medicine. Dr. Wiley Barker conducted this report and it contains the background and history of the specialty of sleep medicine, accreditation of its training programs by the American Sleep Disorder Association, (Not ABMS or ACGME), review of examination process and results, review of continued medical education, review of paths to certification, relations with other boards, and several site visits across the country as well as interview of 10 California diplomates. Dr. Barker noted the hostility towards ABSM from other existing boards but he commented that it is not his job to make a determination in those matters, but to decide on "equivalency" exists in the ABSM. He found the ABSM equivalent as it provided a specific pattern of training with adequacy of the selection and examination process.

Unfortunately, Dr. Fleming did not simulate the sample report he relied on. He did not try to understand the specialty of cosmetic surgery, did not conduct any interviews of program directors, past or present fellows, nor did he ask the Cosmetic Surgery Board members or the Academy board members for any information. He simply reached his conclusions based on survey of the AACS website, garnered information from the

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competitors and opposition of the ABCS, and sought answers of the ABCS to extensive questions in a limited amount of time.

The entire process has clear signs of bias, especially as referenced remarks mirrored remarks made by our competitors and opposition within ABMS. Under these circumstances, we doubt the validity of this report and its conclusions.

Very truly yours,

Peter B. Canalia, JD  
Executive Director

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